STATE OF WISCONSIN

Division of Disability and Elder Services

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DIRECTORY OF CERTIFIED WISCONSIN RURAL HEALTH CLINICS - Alphabetical by County, City

Bureau of Quality Assurance P.O. Box 2969 Madison, WI 53701-2969

Please note all facilities below are certified to serve Medicare recipients.

Certification Those also certified to serve Medicaid recipients are indicated at left			
Number	Provider Name and Address	Administrator and Phone	County and Region
52 3837	ROCHE-A-CRI CLINIC	MARTIN (MD) JANSSEN	Adams
	302 WEST LAKE ST FRIENDSHIP, WI 53934	(608) 339-3326	SOUTHERN
Owner Name:	JANSSEN SANKARAN SIMANI ESMAILI	Ownership Type: PROPRIETARY CORPORATION	
52 8520	ADAMS COUNTY MEMORIAL HOSPITAL D/B/A MIRZA CLINIC	B. MIRZA MUZAFFAR	Adams
	206 WEST LAKE ST FRIENDSHIP, WI 53934	(608) 339-6350	SOUTHERN
Owner Name:	ADAMS COUNTY MEMORIAL HOSPITAL ASSOCIATION INC	Ownership Type: VOLUNTAR	Y NONPROFIT ASSOC
52 3845	MIDELFORT CLINIC LTD	KAROLYN BARLETT	Barron
	224 E RIVER PRAIRIE FARM, WI 54762	(715) 455-1666	WESTERN
Owner Name:	MIDELFORT CLINIC LTD	Ownership Type: VOLUNTAR	Y NONPROFIT CORP
52 8517	BURNETT MEDICAL CENTER CLINIC	SHELLEY STAEVEN	Burnett
	257 W ST GEORGE AVE GRANTSBURG, WI 54840	(715) 463-5317	WESTERN
Owner Name:	BURNETT MEDICAL CENTER INC	Ownership Type: VOLUNTARY NONPROFIT CORE	
52 3855	NELSON FAMILY CLINIC LLC	FRANCES NELSON	Calumet
Certified for Medicaid	308 W MAIN ST PO BOX 202 HILBERT, WI 54129	(920) 853-3444	NORTHEASTERN
Owner Name:	NELSON FAMILY CLINIC LLC	Ownership Type: PROPRIETA	ARY PARTNERSHIP
52 3867	VICTORY MEDICAL GROUP STANLEY	CYNTHIA EICHMAN	Chippewa
	425 N FRANKLIN STANLEY, WI 54768	(715) 644-5530	WESTERN
Owner Name:	VICTORY MEDICAL CENTER INC	Ownership Type: VOLUNTARY NONPROFIT CORP	
52 3981	MEMORIAL MEDICAL CENTER - GREENWOOD	SALLY SADOWSKA	Clark
	201 S MAIN ST PO BOX 99 GREENWOOD, WI 54437	(715) 267-3200	WESTERN
Owner Name:	MEMORIAL HOSPITAL INC	Ownership Type: PRIVATE NON-PROFIT	
52 3979	MEMORIAL MEDICAL CENTER-LOYAL	SALLY SADOWSKA	Clark
Certified for Medicaid	502 E ELM LOYAL, WI 54446	(715) 255-8551	WESTERN
Owner Name:	MEMORIAL HOSPITAL INC	Ownership Type: PRIVATE NON-PROFIT	
52 3980	MEMORIAL MEDICAL CENTER - NEILLSVILLE	GLEN GRADY	Clark
Certified for Medicaid	216 SUNSET PLACE NEILLSVILLE, WI 54456	(715) 743-3101	WESTERN
Owner Name:	MEMORIAL HOSPITAL INC	Ownership Type: PRIVATE NON-PROFIT	
52 8518	VICTORY MEDICAL GROUP	CYNTHIA EICHMAN	Clark
Certified for Medicaid	106 E FIFTH ST PO BOX I OWEN, WI 54460	(715) 229-2177	WESTERN
Owner Name:	VICTORY MEDICAL CENTER INC	Ownership Type: VOLUNTAR	Y NONPROFIT CORP

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DIRECTORY OF CERTIFIED WISCONSIN RURAL HEALTH CLINICS - Alphabetical by County, City

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Certification Number	Those also certified to serve Medicaid Provider Name and Address	Administrator and Phone	County and Region
52 8519	VICTORY MEDICAL GROUP - THORP	CYNTHIA EICHMAN	Clark
52 0019			
	704 SOUTH CLARK ST THORP, WI 54771	(715) 669-7279	WESTERN
Owner Name	: VICTORY MEDICAL CENTER INC	Ownership Type: VOLUNTA	RV NONPROFIT CORP
52 3999	KICKAPOO VALLEY MEDICAL CLINIC	KYLE BAKKUM	Crawford
32 0000	P O BOX 147 SUNSET BLVD	(608) 624-5203	SOUTHERN
	SOLDIERS GROVE, WI 54655	(000) 024-3203	SOUTHLIN
Owner Name	: VERNON MEMORIAL HOSPITAL INC	Ownership Type: VOLUNTARY NONPROFIT CO	
52 3810	NOR-DOOR CLINIC	F. FLOOD MICHAEL	Door
Certified for	803 S BAY SHORE DR	(920) 854-2347	NORTHEASTERN
Medicaid	SISTER BAY, WI 54234	(===, == : == ::	
Owner Name	: ANN M FLOOD	Ownership Type: PROPRIE	TARY CORPORATION
52 3827	AURORA HEALTH CENTER - DOOR COUNTY	CAROL ERDMANN	Door
Certified for	1910 ALABAMA ST	(920) 746-7200	NORTHEASTERN
Medicaid	STURGEON BAY, WI 54235		
Owner Name	: AURORA MEDICAL GROUP INC	Ownership Type: VOLUNTA	RY NONPROFIT CORP
52 8515	NORTH SHORE MEDICAL CLINIC - WASHINGTON ISLAND	RAJESKV PATEL	Door
Certified for	ROUTE 1BOX 4 MAIN RD	(920) 847-2424	NORTHEASTERN
Medicaid	WASHINGTON ISLAND, WI 54246		
Owner Name	DOOR COUNTY MEMORIAL HOSPITAL	Ownership Type: VOLUNTA	RY NONPROFIT CORP
52 8512	AUGUSTA FAMILY MEDICINE CLINIC	THERESA GREGERSON	Eau Claire
Certified for	207 W LINCOLN ST STE 1	(715) 286-2270	WESTERN
Medicaid	AUGUSTA, WI 54722		
Owner Name	: SACRED HEART HOSP OF THE HOSP SISTERS OF THE THIRD ORDER OF ST FRANCIS	Ownership Type: VOLUNTARY NONPROFIT CHU	
52 3991	FLORENCE MEDICAL CENTER	Sally Olson	Florence
Certified for	1010 Olive Ave	(715) 528-4775	NORTHEASTERN
Medicaid FLORENCE, WI 54121			
Owner Name	: DICKINSON COUNTY HEALTHCARE SYSTEM	Ownership Type: GOVERNMENTAL COUNTY	
52 8523	BOSCOBEL AREA HEALTHCARE-BLUFF STREET CLINIC	GARY BEZUCHA	Grant
Certified for Medicaid	200 W BLUFF ST	(608) 375-2424	SOUTHEASTERN
	BOSCOBEL, WI 53805		
-	: MEMORIAL HOSPITAL OF BOSCOBEL	Ownership Type: VOLUNTA	
52 3840	GRANT COMMUNITY CLINIC - CASSVILLE	MATTHEW BAGLEY	Grant
	222 WEST AMELIA ST CASSVILLE, WI 53806	(608) 725-2321	SOUTHEASTERN
	: ST MARYS DEAN VENTURES INC	Ownership Type: PROPRIE	TARY CORPORATION
Owner Name	. OT MARTO DEAR VENTORED INO		
Owner Name 52 3834	DOCTORS PARK PHYSICIANS - CUBA CITY	MATTHEW BAGLEY	Grant
52 3834 Certified for	DOCTORS PARK PHYSICIANS - CUBA CITY	MATTHEW BAGLEY (608) 744-2767	
52 3834	DOCTORS PARK PHYSICIANS - CUBA CITY	_	Grant SOUTHEASTERN

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DIRECTORY OF CERTIFIED WISCONSIN RURAL HEALTH CLINICS - Alphabetical by County, City

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Madison, WI 53701-2969

Please note all facilities below are certified to serve Medicare recipients. Certification Please note all facilities below are certified to serve Medicare recipients. Those also certified to serve Medicaid recipients are indicated at left				
Number	Provider Name and Address	Administrator and Phone	County and Region	
52 3992	FENNIMORE CLINIC	MARK M GADDEN	Grant	
Certified for Medicaid	1255 11TH ST FENNIMORE, WI 53809	(608) 822-3231	SOUTHEASTERN	
Owner Name:	: LANCASTER MEMORIAL HOSPITAL INC	Ownership Type: GOVERNM	ENTAL CITY	
52 3841	GRANT COMMUNITY CLINIC - LANCASTER	MATTHEW BAGLEY	Grant	
	500 SOUTH MADISON STREET LANCASTER, WI 53813	(608) 723-2131	SOUTHEASTERN	
Owner Name	: ST MARYS DEAN VENTURES INC	Ownership Type: PROPRIET	ARY CORPORATION	
52 8513	MUSCODA HEALTH CENTER	RICHARD LEE	Grant	
	125 W NEBRASKA ST MUSCODA, WI 53581	(608) 739-3113	SOUTHEASTERN	
Owner Name:	: RICHLAND HOSPITAL INC	Ownership Type: PRIVATE N	ION-PROFIT	
52 8522	BOSCOBEL AREA HEALTHCARE-RIVERSIDE FAMILY PRACTICE	GARY BEZUCHA	Grant	
Certified for Medicaid	525 N WOSCONSIN AVE MUSCODA, WI 53805	(608) 739-3138	SOUTHEASTERN	
Owner Name	: MEMORIAL HOSPITAL OF BOSCOBEL	Ownership Type: VOLUNTAF	RY NONPROFIT CORP	
52 3831	DOCTORS PARK PHYSICIANS	MATTHEW BAGLEY	Grant	
Certified for Medicaid	1165 N. ELM STREET PLATTEVILLE, WI 53818	(608) 348-4330	SOUTHEASTERN	
Owner Name	: ST MARYS DEAN VENTURES INC	Ownership Type: PROPRIET	ARY CORPORATION	
52 8509	POTOSI-TENNYSON MEDICAL CLINIC, THE	LARRY RENTFRO	Grant	
	102 HIGHWAY 61 N POTOSI, WI 53820	(608) 763-4610	SOUTHEASTERN	
Owner Name:	: GRANT REGIONAL HEALTH CENTER INC	Ownership Type: VOLUNTAF	RY NONPROFIT CORP	
52 3849	FAMILY PRACTICE ASSOCIATES OF DODGEVILLE	MATTHEW BAGLEY	Iowa	
	833 SOUTH IOWA ST DODGEVILLE, WI 53533	(608) 935-3301	SOUTHERN	
Owner Name:	: ST MARYS DEAN VENTURES INC	Ownership Type: PROPRIET	ARY CORPORATION	
52 3836	MINERAL POINT MEDICAL CENTER, S.C.	GORDON GRIESHABER M.D.	Iowa	
Certified for Medicaid	104 HIGH STREET MINERAL POINT, WI 53565	(608) 987-2346	SOUTHERN	
Owner Name:	: MINERAL POINT MEDICAL CENTER	Ownership Type: PROPRIET	ARY CORPORATION	
52 3854	MINERAL POINT CLINIC	MATTHEW BAGLEY	Iowa	
	227 COMMERCE STREET MINERAL POINT, WI 53565	(608) 987-2391	SOUTHERN	
Owner Name	: ST MARYS DEAN VENTURES INC	Ownership Type: PROPRIET	ARY CORPORATION	
52 3984	ELROY FAMILY MEDICAL CLINIC	ELLEN HARDY	Juneau	
Certified for Medicaid	1515 ACADEMY STREET ELROY, WI 53929	(608) 462-8466	SOUTHERN	
Owner Name:	: HESS MEMORIAL HOSPITAL, INC	Ownership Type: VOLUNTAF	RY NONPROFIT CORP	

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THEALTH CLINICS - Alphabetical by County, City

Madison, WI 53701-2969

Certification Number	Those also certified to serve Medicaid re Provider Name and Address	cipients are indicated at Administrator and Ph		unty and Region
52 3828	MILE BLUFF CLINIC, LLP	NANCY NESS		Juneau
Certified for Medicaid	1040 DIVISION ST MAUSTON, WI 53948	(608) 847-5000		SOUTHERN
Owner Name:	MILE BLUFF CLINIC LLP	Ownership Type: PF	ROPRIETARY PA	RTNERSHIP
52 3990	NECEDAH FAMILY MEDICAL CENTER	ELLEN HARDY		Juneau
Certified for Medicaid	1408 WHEELIHAN AVENUE NECEDAH, WI 54646	(608) 565-2000		SOUTHERN
Owner Name:	HESS MEMORIAL HOSPITAL, INC	Ownership Type: VOLUNTARY NONPROFIT CORE		PROFIT CORP
52 3829	NEW LISBON COMMUNITY CLINIC	TIMOTHY(MD) HINTO	N	Juneau
Certified for Medicaid	600 S MONROE ST NEW LISBON, WI 53950	(608) 562-3111		SOUTHERN
Owner Name:	MILE BLUFF CLINIC LLP	Ownership Type: PR	ROPRIETARY PA	RTNERSHIP
52 3844	GUNDERSEN CLINIC - WONEWOC	JAYNE ANDERSON		Juneau
Certified for Medicaid	505 CENTER ST PO BOX 67 WONEWOC, WI 53968	(608) 464-3111		SOUTHERN
Owner Name:	GUNDERSEN CLINIC LTD	Ownership Type: VOLUNTARY NONPROFIT COR		PROFIT CORP
52 3865	FMC ALGOMA	SHERRY LAFOND		Kewaunee
Certified for Medicaid	1510 FREMONT STREET ALGOMA, WI 54201	(920) 487-3676		NORTHEASTERN
Owner Name:	BELLIN MEMORIAL HOSPITAL INC	Ownership Type: VC	DLUNTARY NON	PROFIT CORP
52 3864	FMC KEWAUNEE	THOMAS ZENNER		Kewaunee
	575 4TH STREET KEWAUNEE, WI 54216	(920) 388-4640		NORTHEASTERN
Owner Name:	BELLIN MEMORIAL HOSPITAL INC	Ownership Type: VC	DLUNTARY NON	PROFIT CORP
52 3838	CHC GENERAL CLINIC ELCHO	FORREST DANNER,	JR.	Langlade
Certified for Medicaid	W10618 CLINIC ST PO BOX 8 ELCHO, WI 54428	(715) 275-4011		NORTHERN
Owner Name:	COMMUNITY HEALTH CARE CLINICS INC	Ownership Type: VC	DLUNTARY NON	PROFIT CORP
52 3860	NORTHREACH HEALTHCARE-CRIVITZ MEDICAL CLINIC	CALVIN NOGLER, MD)	Marinette
Certified for Medicaid	218 HWY 141 PO BOX 339 CRIVITZ, WI 54114	(715) 854-7477		NORTHEASTERN
Owner Name:	NORTHREACH HEALTHCARE LLC	Ownership Type: LIM PR	MITED LIABILITY ROFIT)	COMP(NON-
52 3989	GOODMAN HEALTH CENTER	SALLY OLSON		Marinette
Certified for Medicaid	W15236 HWY 8 PO BOX 369 GOODMAN, WI 54125	(715) 336-3070		NORTHEASTERN
Owner Name:	DICKINSON COUNTY HEALTHCARE SYSTEM	Ownership Type: GC	OVERNMENTAL	COUNTY
52 3862	NORTHREACH HEALTHCARE-FAMILY CARE MEDICAL CLINIC	KENNETH BERNDT, C	CEO	Marinette
Certified for Medicaid	3123 SHORE DR STE 202 MARINETTE, WI 54143	(715) 732-4120		NORTHEASTERN
Owner Name:	NORTHREACH HEALTHCARE LLC	Ownership Type: LIN	MITED LIABILITY ROFIT)	COMP(NON-

PROFIT)

SPRING GREEN, WI 53588

Owner Name: RICHLAND HOSPITAL INC

STATE OF WISCONSIN

Division of Disability and Elder Services

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DIRECTORY OF CERTIFIED WISCONSIN RURAL HEALTH CLINICS - Alphabetical by County, City

Bureau of Quality Assurance

P.O. Box 2969 Madison, WI 53701-2969

	Please note all facilities below are certified to serve Medicare recipients.
Certification	Those also certified to serve Medicaid recipients are indicated at left

Certification Number	Provider Name and Address	Administrator and	d Phone Co	ounty and Region
52 3863	NORTHREACH HEALTHCARE-PESHTIGO FAMILY PRACTICE	CARRIE RUPERT		Marinette
	441 FRENCH ST PO BOX 22487 PESHTIGO, WI 54157	(715) 582-9949		NORTHEASTERN
Owner Name:	NORTHREACH HEALTHCARE LLC	Ownership Type:	LIMITED LIABILIT PROFIT)	Y COMP(NON-
52 3856	NORTHREACH HEALTHCARE-WAUSAUKEE RURAL HEALTH CARE	JOHN BLACKBUR	N	Marinette
	133 VICKIE DRIVE WAUSAUKEE, WI 54177	(715) 856-6684		NORTHEASTERN
Owner Name:	NORTHREACH HEALTHCARE LLC	Ownership Type:	LIMITED LIABILIT PROFIT)	Y COMP(NON-
52 3998	FRANCISCAN SKEMP HEALTHCARE-SPARTA	ROBERT TRACEY	•	Monroe
	310 WEST MAIN ST SPARTA, WI 54656	(608) 269-2132		WESTERN
Owner Name:	FRANCISCAN SKEMP HEALTHCARE	Ownership Type:	VOLUNTARY NO	NPROFIT CORP
52 3833	LENA MEDICAL CLINIC	ROSALIE MURPH	Y	Oconto
	304 N ROSERA ST PO BOX 278 LENA, WI 54139	(920) 829-6363		NORTHEASTERN
Owner Name:	ROSALIE A MURPHY	Ownership Type:	PROPRIETARY C	ORPORATION
52 3861	NORTHREACH HEALTHCARE - OCONTO PRIMARY CARE	J. JAMES THILL		Oconto
Certified for Medicaid	405 FIRST ST OCONTO, WI 54153	(414) 834-8833		NORTHEASTERN
Owner Name:	NORTHREACH HEALTHCARE LLC	Ownership Type:	ip Type: LIMITED LIABILITY COMP(NON-PROFIT)	
52 3866	FMC OCONTO FALLS	RHONDA KEY		Oconto
	833 SO MAIN ST OCONTO FALLS, WI 54154	(920) 846-3092		NORTHEASTERN
Owner Name:	BELLIN MEMORIAL HOSPITAL INC	Ownership Type:	VOLUNTARY NO	NPROFIT CORP
52 8516	LUCK MEDICAL CLINIC SC	SANDI REED, RN		Polk
Certified for Medicaid	137 1ST AVE BOX 356 LUCK, WI 54853	(715) 472-2177		WESTERN
Owner Name:	AMERY REGIONAL MEDICAL CENTER	Ownership Type:	Unknown	
52 8524	SAUK PRAIRIE MEMORIAL HOSPITAL MEDICAL CLINICS- PLAIN MEDICAL CLINIC			Sauk
Certified for Medicaid	825 MAIN ST PLAIN, WI 535779668	(608) 546-4211		SOUTHERN
Owner Name:	SAUK PRAIRIE MEMORIAL HOSPITAL	Ownership Type:	VOLUNTARY NO	NPROFIT ASSOC
52 8514	SPRING GREEN MEDICAL CENTER	RICHARD LEE		Sauk
	150 E JEFFERSON ST	(608) 588-7413		SOUTHERN

Ownership Type: PRIVATE NON-PROFIT

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P.O. Box 2969

Madison, WI 53701-2969

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Certification	Please note all facilities below are certified to serve Medicare recipients. Those also certified to serve Medicaid recipients are indicated at left			
Number	Provider Name and Address	Administrator and Phone	County and Region	
52 8525	SAUK PRAIRIE MEMORIAL HOSPITAL CLINICS-RIVER VALLEY MEDICAL CLINIC		Sauk	
Certified for Medicaid	436 SUNRISE DR SPRING GREEN, WI 53588	(608) 588-2502	SOUTHERN	
Owner Name:	SAUK PRAIRIE MEMORIAL HOSPITAL	Ownership Type: VOLUNTAR	Y NONPROFIT ASSOC	
52 8504	BALDWIN CLINIC	RICHARD RANGE	St Croix	
Certified for Medicaid	730 10TH AVE PO BOX 300 BALDWIN, WI 54002	(715) 684-3326	WESTERN	
Owner Name:	BALDWIN AREA MEDICAL CENTER INC	Ownership Type: VOLUNTAR	Y NONPROFIT ASSOC	
52 8511	OSSEO FAMILY MEDICINE CLINIC	PAT DIMMITT, MANAGER	Trempealeau	
Certified for Medicaid	13029 9TH ST PO BOX 370 OSSEO, WI 54758	(715) 597-3131	WESTERN	
Owner Name:	SACRED HEART HOSP OF THE HOSP SISTERS OF THE THIRD ORDER OF ST FRANCIS	Ownership Type: VOLUNTARY NONPROFIT CHUI		
52 3843	GUNDERSEN CLINIC - HILLSBORO	JAYNE ANDERSON	Vernon	
Certified for Medicaid	300 WATER STREET PO BOX 546 HILLSBORO, WI 54634	(608) 489-2253	WESTERN	
Owner Name:	GUNDERSEN CLINIC LTD	Ownership Type: VOLUNTARY NONPROFIT CORP		
52 3842	LAFARGE MEDICAL CLINIC	JAMES M., MD DELINE	Vernon	
	111 WEST SNOW ST LAFARGE, WI 54639	(608) 625-2494	WESTERN	
Owner Name:		Ownership Type: PROPRIETARY INDIVIDUAL		
52 3996	HIRSCH CLINIC	KYLE BAKKUM	Vernon	
	318 WEST DECKER STREET VIROQUA, WI 54665	(608) 637-3174	WESTERN	
Owner Name:	VERNON MEMORIAL HOSPITAL INC	Ownership Type: VOLUNTARY NONPROFIT CORP		
52 8501	BLAND CLINIC-VERNON MEMORIAL HOSPITAL	KYLE BAKKUM	Vernon	
Certified for Medicaid	100 MELBY STREET WESTBY, WI 54667	(608) 634-3126	WESTERN	
Owner Name:	VERNON MEMORIAL HOSPITAL INC	Ownership Type: VOLUNTARY NONPROFIT CORP		
52 3825	AFFINITY MEDICAL GROUP RURAL HEALTH CENTER	GREGORY THOUSAND	Waupaca	
Certified for Medicaid	61 NORTH ANNE STREET CLINTONVILLE, WI 54929	(715) 823-7500	NORTHEASTERN	
Owner Name: AFFINITY HEALTH SYSTEM INC		Ownership Type: VOLUNTAR	Y NONPROFIT CORP	